California Health Facilities Financing Authority ("CHFFA")
Investment in Mental Health Wellness Grant Program

Projected Six Months of Expenditures Form

Grant # MH- _____

Award Amount _____

Project Name or Description:	❑ Crisis Residential ❑ Crisis Stabilization ❑ Mobile Crisis Support Team

CHFFA Project Officer

Phone: (916) 653-####
Fax: (916) 654-5362
E-Mail: Name@treasurer.ca.gov

Lead Grantee: _____

Cost Type(s)	Total of previous disbursement	Projected Expenditure Amount	FOR CHFFA USE ONLY Disbursement	
			This Disbursment	Total to Date
Capital Funding except vehicle purchase:	$	$	$	$
Vehicle Purchase:	$	$	$	$
Personnel Funding:	$	$	$	$
Total - Previous Disbursement:	$			
TOTAL DISBURSEMENT REQUEST:		$	$	$

Documentation to Accompany Form:
Please attach a spreadsheet and other documentation used to establish this projection.

Has the scope of the Project changed from the description in your grant agreement? YES or NO (circle one) If yes, use Attachment 1 to request approval of and explain any line item changes needed.

I certify that to the best of my knowledge, the information contained in this projection and the accompanying materials is true and accurate. I understand that misrepresentation may result in the cancellation of the grant and other actions which the Authority is authorized to take.

By (Print Name of Authorized Officer) _____ **Signature** _____

Title _____ **Date** _____

Phone: _____ Email: _____

Please check applicable reporting period:

- ❑ Mid-year Due within 45 days following June 30
- ❑ End of year Due within 45 days following December 31
- ❑ Final Due within 60 days of project completion

ATTACHMENT 1

California Health Facilities Financing Authority ("CHFFA")
Investment in Mental Health Wellness Grant Program

Grant # MH- _____
Date Submitted: _____

Projected Six Months of Expenditures Form
REQUEST FOR CHANGE

Lead Grantee _____

1) Please detail the requested change or changes in the table below.

Line/Category	Approved Amount	Change Requested	Amount, if approved

2) Explain budget change requested above. Why is the change needed?

3) Does the change affect the scope of the project as shown in your grant agreement YES or NO (circle one)

If yes, please explain in detail.

4) Request change of Grant Period end date from _____ to _____

Please explain.